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|---|--|---|--|--|--|-----------------------|--|--|--|
| SOLICITATION, OFFER AND AWARD | | 1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700) | | RATING | | PAGE OF PAGES 1 82 | | | |
| 2. CONTRACT NUMBER | | 3. SOLICITATION NUMBER DTNH22-08-R-00098 | | 4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED (RFP) | | 5. DATE ISSUED | | 6. REQUISITION/PURCHASE NUMBER 08-04249 | |
| 7. ISSUED BY Office Of Acquisition Management DOT/NHTSA/NPO-320 1200 New Jersey Avenue, SE Washington, DC 20590 | | CODE NPO-320 | | 8. ADDRESS OFFER TO (If other than Item 7) | | | | | |

NOTE: In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder".

SOLICITATION

9. Sealed offers in original and 3 copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if hand carried, in the depository located in _____ until 1700 ET local time 07/28/2008 (Hour) (Date)

CAUTION: LATE Submissions, Modifications, and Withdrawals: See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

| | | | | |
|---------------------------|--------------------------|---------------------------------|------|--|
| 10. FOR INFORMATION CALL: | A. NAME Larry Gooding | B. TELEPHONE (NO COLLECT CALLS) | | C. E-MAIL ADDRESS larry.gooding@dot.gov |
| | AREA CODE 202 | NUMBER 366-9557 | EXT. | |

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OFFER (Must be fully completed by offeror)

NOTE: Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within _____ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

| | | | | |
|---|----------------------|----------------------|----------------------|-------------------|
| 13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52.232.8) | 10 CALENDAR DAYS (%) | 20 CALENDAR DAYS (%) | 30 CALENDAR DAYS (%) | CALENDAR DAYS (%) |
|---|----------------------|----------------------|----------------------|-------------------|

| | | | | |
|--|---------------|------|---------------|------|
| 14. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated): | AMENDMENT NO. | DATE | AMENDMENT NO. | DATE |
| | | | | |
| | | | | |

| | | | |
|----------------------------------|------|----------|--|
| 15A. NAME AND ADDRESS OF OFFEROR | CODE | FACILITY | 16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print) |
|----------------------------------|------|----------|--|

| | | | |
|-----------------------------|--|---------------|----------------|
| 15B. TELEPHONE NUMBER | 15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE. | 17. SIGNATURE | 18. OFFER DATE |
| AREA CODE NUMBER EXT. | | | |

AWARD (To be completed by government)

| | | | |
|---|------------|---|----------------|
| 19. ACCEPTED AS TO ITEMS NUMBERED | 20. AMOUNT | 21. ACCOUNTING AND APPROPRIATION | |
| 22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION: <input type="checkbox"/> 10 U.S.C. 2304 (c) () <input type="checkbox"/> 41 U.S.C. 253 (c) () | | 23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified) | |
| 24. ADMINISTERED BY (If other than Item 7) | | 25. PAYMENT WILL BE MADE BY | 28. AWARD DATE |
| CODE | | CODE | |
| 26. NAME OF CONTRACTING OFFICER (Type or print) Earnest Jenkins | | 27. UNITED STATES OF AMERICA (Signature of Contracting Officer) | |

IMPORTANT - Award will be made on this Form, or on Standard Form 26, or by other authorized official written notice.

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STANDARD FORM 33 (Rev. 9-97)

Prescribed by GSA - FAR (48 CFR) 53.214(c)

NAME OF OFFEROR OR CONTRACTOR

| ITEM NO. (A) | SUPPLIES/SERVICES (B) | QUANTITY (C) | UNIT (D) | UNIT PRICE (E) | AMOUNT (F) |
|-----------------|---|-----------------|-------------|-------------------|---------------|
| 0001 | <p>TITLE: Cost and Weight Analysis of Motor Vehicle Equipment</p> <p>DESCRIPTION: Conduct cost studies of motor vehicle safety feature that have been proposed in Agency initiatives to enhance motor vehicle safety or modified or added to motor vehicles in order to comply with the performance requirements of existing regulations and perform detailed engineering "teardown" analyses to provide definitive cost and weight estimates of these safety features.</p> <p>One Indefinite Quantity Contract (IQC) on a time and materials basis (task order) is desired. A statement of work, evaluation factors is attached. Period of Performance is one twenty-four month base period, and if exercised, one thirty-six month option period are requested. This solicitation is limited to competitive small business under NAICS code 541330.</p> <p>FOB: Destination</p> <p>See attached Scope of Work</p> | | | | |